



2017 Covered California Health and Dental Plans/Benefits

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1. **2017 Health Plans**
2. **2017 Health Plans Benefit Changes**
3. **2017 Dental Plans**
4. **2017 Dental Plans Benefit Changes**
5. **Primary Care Physician (PCP) Matching**
6. **Questions**

AGENDA

August 17, 2016



- Visit www.CoveredCA.com
- In the footer, click “Enrollment Partners”
- Click “Partner Tool Kit”

The image is a collage of screenshots from the Covered California website, illustrating the steps to access the Partner Tool Kit. The first screenshot shows the 'Enrollment Partners' section with three main categories: Community Partners, Certified Insurance Agents, and Certified Plan-Based Enrollers, each with an 'Enter Portal' button. A red box highlights the 'Partner Tool Kit' icon. The second screenshot shows a dropdown menu for 'Tool Kits for Enrollers' with several options. The 'Webinars & Briefings' option is circled in red. The third screenshot shows the 'Webinars & Briefings for Certified Enrollment Representatives' page, which includes links for Webinars, Agent Briefing, Community Partner Briefing, and Downloads. The 'Downloads' link is circled in red.

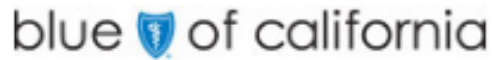
PARTNER TOOLKIT



2017 HEALTH PLANS



2017 Health Plan Portfolio



2017 Health Plans



2017 Health Plan Product & Network Changes

Anthem Blue Cross

- Converting PPO network to EPO
- Provider network will remain the same except for removal of most Tier 2 hospitals

Blue Shield of California

- Adding its Trio HMO, focused on Accountable Care Organizations (ACOs) which improve integration and coordination of care across providers resulting in lower costs and better outcomes

Kaiser Permanente

- Adding a gold coinsurance plan
- Expanding its service area to Santa Cruz County in Region 9, collaborating with Watsonville Community Hospital for inpatient and ambulatory specialty care

Molina Healthcare

- Expanding into Orange County and partnering with Monarch Health and the Heritage Provider Network, providing 2,000+ physicians and 29 hospitals

Oscar Health Plan

- Expanding to San Francisco, Santa Clara and San Mateo Counties
- Adding UCSF Health, Hill Physicians, Sequoia Quality Care Network and Sequoia Hospital, Verity Health System and SCCIPA to its network

2017 Health Plans



2017 Health Plan Embedded Pediatric Dental

Embedded Children's Dental Coverage	
Covered California Health Insurance Plan	Children's Dental Coverage Embedded in Health Insurance
Anthem Blue Cross of California	Anthem Blue Cross DHMO, DPPO
Blue Shield of California	Dental Benefit Providers DPPO
Chinese Community Health Plan	Delta Dental of California DHMO
Health Net	Dental Benefit Providers DHMO, DPPO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental Plan DHMO
Molina Healthcare	California Dental Network DHMO
Oscar Health Plan of California*	Liberty Dental Plan DHMO
Sharp Health Plan	Access Dental Plan DHMO
Valley Health Plan	Liberty Dental Plan DHMO
Western Health Advantage	Delta Dental of California DHMO -TBD

2017 Health Plans



2017 HEALTH PLAN BENEFITS CHANGES



Global Changes for 2017

- Eliminated Emergency Room Physician Fee
 - Still subject to deductible in High Deductible Health Plans (HDHPs)
- Reduced Urgent Care copays to Primary Care Visit copay amount in each plan
- Reduced Primary Care Visit copays in most plans



2017 Health Plan Benefit Changes



2017 Platinum 90 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$20	\$15
Urgent Care	\$40	\$15
Mental Health/Substance Use Disorder Outpatient Services	\$20	\$15
Outpatient Habilitation/Rehabilitation Services	\$20	\$15

2017 Health Plan Benefit Changes



2017 Platinum 90 Coinsurance Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$20	\$15
Urgent Care	\$40	\$15
Emergency Services	\$150 Facility Fee 10% Physician Fee	Eliminated Physician Fee
Mental Health/Substance Use Disorder Outpatient Services	\$20	\$15
Outpatient Habilitation/Rehabilitation Services	\$20	\$15

2017 Health Plan Benefit Changes



2017 Gold 80 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$35	\$30
Urgent Care	\$60	\$30
Emergency Services	\$250 Facility Fee	\$325 Facility Fee
Mental Health/Substance Use Disorder Outpatient Services	\$35	\$30
Outpatient Habilitation/Rehabilitation Services	\$35	\$30
X-rays/Diagnostic Imaging	\$50	\$55
Tier 2 Preferred Brand Drug	\$50	\$55
Tier 3 Non-Preferred Brand Drug	\$70	\$75
Maximum Out-of-Pocket	\$6,200	\$6,750

2017 Health Plan Benefit Changes



2017 Gold 80 Coinsurance Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$35	\$30
Urgent Care	\$60	\$30
Emergency Services	\$250 Facility Fee 20% Physician Fee	\$325 Facility Fee Eliminated Physician Fee
Mental Health/Substance Use Disorder Outpatient Services	\$35	\$30
Outpatient Habilitation/Rehabilitation Services	\$35	\$30
X-rays/Diagnostic Imaging	\$50	\$55
Tier 2 Preferred Brand Drug	\$50	\$55
Tier 3 Non-Preferred Brand Drug	\$70	\$75
Maximum Out-of-Pocket	\$6,200	\$6,750

2017 Health Plan Benefit Changes



2017 Silver 70 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$45	\$35
Urgent Care	\$90	\$35
Emergency Services	\$250 Facility Fee \$50 Physician Fee Subject to deductible	\$350 Facility Fee Eliminated Physician Fee Not subject to deductible
Mental Health/Substance Use Disorder Outpatient Services	\$45	\$35
Outpatient Habilitation/Rehabilitation Services	\$45	\$35
X-rays/Diagnostic Imaging	\$65	\$70
Tier 2 Preferred Brand Drug	\$50 subject to pharmacy deductible	\$55 subject to pharmacy deductible
Tier 3 Non-Preferred Brand Drug	\$70 subject to pharmacy deductible	\$80 subject to pharmacy deductible
Medical Deductible	\$2,250	\$2,500
Maximum Out-of-Pocket	\$6,250	\$6,800

2017 Health Plan Benefit Changes



2017 Silver 73 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$40	\$30
Urgent Care	\$80	\$30
Emergency Services	\$250 Facility Fee \$50 Physician Fee Subject to deductible	\$350 Facility Fee Eliminated Physician Fee Not subject to deductible
Mental Health/Substance Use Disorder Outpatient Services	\$40	\$30
Outpatient Habilitation/Rehabilitation Services	\$40	\$30
X-rays/Diagnostic Imaging	\$50	\$65
Tier 2 Preferred Brand Drug	\$45 subject to pharmacy deductible	\$50 subject to pharmacy deductible
Tier 3 Non-Preferred Brand Drug	\$70 subject to pharmacy deductible	\$75 subject to pharmacy deductible
Medical Deductible	\$1,900	\$2,200
Maximum Out-of-Pocket	\$5,450	\$5,700

2017 Health Plan Benefit Changes



2017 Silver 87 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$15	\$10
Urgent Care	\$30	\$10
Emergency Services	\$75 Facility Fee \$40 Physician Fee Subject to deductible	\$100 Facility Fee Eliminated Physician Fee Not subject to deductible
Mental Health/Substance Use Disorder Outpatient Services	\$15	\$10
Outpatient Habilitation/Rehabilitation Services	\$15	\$10
Medical Deductible	\$550	\$650
Maximum Out-of-Pocket	\$2,250	\$2,350

2017 Health Plan Benefit Changes



2017 Silver 94 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Urgent Care	\$6	\$5
Emergency Services	\$30 Facility Fee \$25 Physician Fee Subject to deductible	\$50 Facility Fee Eliminated Physician Fee Not subject to deductible
Maximum Out-of-Pocket	\$2,250	\$2,250 \$2,350

2017 Health Plan Benefit Changes



2017 CCSB Silver 70 Copay Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Urgent Care	\$90	\$45
Emergency Services	\$250 Facility Fee \$50 Physician Fee Subject to deductible	\$350 Facility Fee Eliminated Physician Fee Not subject to deductible
Specialist Visit	\$70	\$75
Imaging (CT/PET Scans, MRIs)	\$250	\$300
Laboratory Services	\$35	\$40
X-rays/Diagnostic Imaging	\$65	\$70
Tier 3 Non-Preferred Brand Drug	\$75 subject to pharmacy deductible	\$85 subject to pharmacy deductible
Medical Deductible	\$1,500	\$2,000
Maximum Out-of-Pocket	\$6,500	\$6,800

2017 Health Plan Benefit Changes



2017 CCSB Silver 70 Coinsurance Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Urgent Care	\$90	\$45
Emergency Services	\$250 Facility Fee \$50 Physician Fee Subject to deductible	\$350 Facility Fee Eliminated Physician Fee Not subject to deductible
Specialist Visit	\$70	\$75
Imaging (CT/PET Scans, MRIs)	20% subject to deductible	20% not subject to deductible
Laboratory Services	\$35	\$40
X-rays/Diagnostic Imaging	\$65	\$70
Tier 3 Non-Preferred Brand Drug	\$75 subject to pharmacy deductible	\$85 subject to pharmacy deductible
Medical Deductible	\$1,500	\$2,000
Maximum Out-of-Pocket	\$6,500	\$6,800

2017 Health Plan Benefit Changes



2017 CCSB Silver HDHP Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Emergency Services	20% Facility Fee 20% Physician Fee Subject to deductible	Eliminated Physician Fee Remains subject to deductible
Prescription Drug Maximum Coinsurance	Not applicable	\$250
Maximum Out-of-Pocket	\$6,250	\$6,550

2017 Health Plan Benefit Changes



2017 Bronze 60 Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Primary Care Visit	\$70	\$75
Urgent Care	\$120	\$75
Emergency Services	100% Facility Fee 100% Physician Fee Subject to deductible	Eliminated Physician Fee
Specialist Visit	\$90	\$105
Mental Health/Substance Use Disorder Outpatient Services	\$70	\$75
Outpatient Habilitation/Rehabilitation Services	\$70	\$75
Medical Deductible	\$6,000	\$6,300
Maximum Out-of-Pocket	\$6,500	\$6,800

2017 Health Plan Benefit Changes



2017 Bronze HDHP Plan Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Emergency Services	20% Facility Fee 20% Physician Fee Subject to deductible	Eliminated Physician Fee Remains subject to deductible
Prescription Drug Maximum Coinsurance	Not applicable	\$500
Deductible	\$4,500	\$4,800
Maximum Out-of-Pocket	\$6,500	\$6,550

2017 Health Plan Benefit Changes



2017 DENTAL PLANS



2017 Dental Plan Portfolio



California Dental
Network*



**New in 2017*

2017 Dental Plans



2017 DENTAL PLAN BENEFITS CHANGES



Dental Benfits

Dental HMO (DHMO) Plans

- Offers member copays and lower premiums
- No deductible, waiting period or annual benefit limit
- Out-of-network services are not covered under this option

Dental PPO (DPPO) Plans

- Offers member co-insurance, some out-of-network benefits and more choices in providers
- Adult dental benefits in DPPO plans include a **six-month waiting period for major services**
- Adult dental benefits in DPPO plans are subject to a **\$1,500 annual benefit limit**
 - This is the most the plan will pay for an individual adult member's dental care for the benefit year

Children's (Pediatric) Dental is one of the ten Essential Health Benefits

- All health plans on the Individual Market include children's dental benefits for members younger than 19 years
 - Free diagnostic and preventive services
 - Comprehensive coverage for basic and major treatment services, not subject to a deductible

2017 FAMILY DENTAL PLAN BENEFITS



2017 Family Dental Plan – Global Changes

Benefit or Cost Share	2016	2017 Changes
Pediatric Medically Necessary Orthodontia	\$350	\$350 Applies to entire course of treatment, including treatment that extends beyond one benefit year
Adult Exclusions	Non-standardized	Tooth Whitening, Orthodontia and Implants standard exclusions

2017 Dental Plan Benefit Changes



2017 Family Dental Plan Copay Design

Fully standardized pediatric and adult copay schedules



Covered California 2017 Dental Copay Schedule

Date: April 7, 2016

Member Cost Share amounts describe the Enrollee's out of pocket costs.

ADA Code	ADA Description	Pediatric Dental EHB	Adult Dental
		Up to Age 19	19 and Older
		In-Network Member Cost Share	In-Network Member Cost Share
D0120	periodic oral evaluation	No Charge	No Charge
D0140	limited oral evaluation	No Charge	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge	Not Covered
D0150	comprehensive oral evaluation	No Charge	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge	No Charge
D0170	Re-evaluation - limited, problem focused (not post-operative visit)	No Charge	No Charge
D0180	Comprehensive periodontal evaluation	No Charge	No Charge
D0190	screening of a patient	Not Covered	No Charge
D0191	assessment of a patient	Not Covered	No Charge
D0210	intraoral - complete series (including bitewings) - limited to 1 series every 36 months	No Charge	No Charge
D0220	intraoral - periapical first film	No Charge	No Charge
D0230	intraoral - penapical each additional film	No Charge	No Charge
D0240	intraoral - occlusal film	No Charge	No Charge
D0250	Extraoral - first film	No Charge	No Charge
D0270	bitewing - single film	No Charge	No Charge
D0272	bitewings - two films	No Charge	No Charge
D0273	Bitewings - three films	No Charge	No Charge
D0274	bitewings - four films - limited to 1 series every 6 months	No Charge	No Charge
D0277	Vertical bitewings - 7 to 8 films	No Charge	No Charge

2017 Dental Plan Benefit Changes



2017 Family Dental Plan Coinsurance Design

Benefit or Cost Share	2016 Cost Share	2017 Changes
Diagnostic & Preventive	No Charge	No Charge In-Network 10% Out-of-Network
Basic Services	20% Subject to deductible	20% In-Network 30% Out-of-Network Subject to deductible Includes Periodontal Maintenance

2017 Dental Plan Benefit Changes



2017 PRIMARY CARE PHYSICIAN (PCP) MATCHING



Overview

- Beginning January 1, 2017
- Health plans are required to ensure **ALL** Covered California members either select a Primary Care Physician (PCP) or have one recommended
 - Selection will occur within 60 days of the consumer's effective date with the health plan
- If the health plan selects the PCP, consumers will be able to change to another physician at any time
- Consumers are **NOT** required to see the PCP
- PPO plan members may see in and out-of-network physicians without a referral
- EPO plan members may only see in-network physicians, but do not need a referral
- Does not impact Covered California for Small Business (CCSB) consumers

2017 PCP Matching



Added Value

- Research shows a relationship with a PCP is important to overall health and well-being
- PCPs can be internal medicine doctors, family physicians or pediatricians or nurse practitioner or physician assistant
- Each family member can have their own PCP
- Supports the goals of the Triple Aim (affordability, access, and improved health) by facilitating a regular source of care from enrollees and bending the cost curve through better disease management and more appropriate care

2017 PCP Matching



Next Steps

- No action is needed at this time
- During renewal in the fall of 2016 a PCP will be matched to consumers who do not currently have one
- When possible, matching is based on physician consumer currently has been seeing
- If the consumer has not been seeing a specific physician or is renewing with a new provider, a physician will be selected for the consumer that is as near to their home as possible
- A consumer can change this matching **AT ANY TIME** by contacting their [Covered California health plan](#)
- Consumers will either receive notification from their health plan indicating which PCP has been designated or confirmation of the consumer's PCP selection

2017 PCP Matching



QUESTIONS?

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THANK YOU!

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